

**APPEARANCE
JUVENILE MATTERS**

JD-JM-13 Rev. 2-2002
Pr. Bk. Sec. 3-4
3-2(b); 3-3; 3-4; 3-5(b); 3-6(b); 3-8

STATE OF CONNECTICUT

SUPERIOR COURT

JUVENILE MATTERS

www.jud.state.ct.us

INSTRUCTIONS

1. Type or print clearly with ball point pen.
2. File a separate appearance for each child.

TO: The Superior Court For Juvenile Matters

IN RE: (Name of child/youth)

DOCKET NO.

ADDRESS OF COURT (Number, street, town and zip code)

↓ PLEASE ENTER THE APPEARANCE OF ↓

NAME OF OFFICIAL, FIRM, PROFESSIONAL CORP., INDIVIDUAL ATTY., OR PRO SE PARTY (See "Notice to Pro Se Parties" at bottom) JURIS NO.OF ATTY OR FIRM

MAILING ADDRESS (Number, street, P.O. Box) TELEPHONE NO.

CITY/TOWN STATE ZIP CODE FAX NO.

In the above-entitled case as counsel for the:

("X" appropriate box)

E-MAIL ADDRESS

- | | |
|--------------------------|--|
| <input type="checkbox"/> | child |
| <input type="checkbox"/> | father (name): _____ |
| <input type="checkbox"/> | mother |
| <input type="checkbox"/> | parents |
| <input type="checkbox"/> | child and parents |
| <input type="checkbox"/> | other (name and interest, legal status or relationship): _____ |

TYPE OF CASE ("X" all that apply)

- | | | | | | |
|--------------------------|-----------------------|--------------------------|------------------------|--------------------------|------------------------------|
| <input type="checkbox"/> | Neglect / Uncared-for | <input type="checkbox"/> | Delinquency | <input type="checkbox"/> | Appeal from Probate Decision |
| <input type="checkbox"/> | Termination | <input type="checkbox"/> | Family w/Service Needs | <input type="checkbox"/> | Other (specify): _____ |
| <input type="checkbox"/> | Probate Transfer | <input type="checkbox"/> | Youth In Crisis | | |
| <input type="checkbox"/> | Emancipation | <input type="checkbox"/> | Administrative Appeal | | |

- | | |
|--------------------------|--|
| <input type="checkbox"/> | Appointment as guardian ad litem for _____ |
|--------------------------|--|

If other counsel or a pro se party have already appeared for the party or parties indicated above, state whether this appearance is:

- | | | |
|--------------------------|---|---------------------------|
| <input type="checkbox"/> | "In-lieu-of" appearance of attorney or firm _____ | already on file OR |
| <input type="checkbox"/> | In addition to appearance already on file. _____ | (Name) _____ |

NOTE: If other court appointed counsel has already appeared for the party or parties indicated above, an "in-lieu-of" appearance must be authorized by the Judicial Authority.

SIGNED (Individual attorney or pro se party) PRINT OR TYPE NAME OF PERSON SIGNING AT LEFT DATE SIGNED

X**CERTIFICATION**

FOR COURT USE ONLY

I hereby certify that a copy of the above was mailed/delivered in accordance with Practice Book Section 3-5(b).

SIGNED (Individual attorney or pro se party) DATE COPY(IES) MAILED/DELIVERED

Notice to Pro Se Parties*A pro se party is a person who represents himself or herself.**It is your responsibility to inform the Clerk's Office if you have a change of address.***APPEARANCE**